reflexes and sensibility. Hemiplegia may appear in the course of the disease, but usually appears during convalescence; and its onset is generally sudden. Paraplegia also makes its appearance, as a rule, during convalescence. In a few cases paralysis may extend to the pons and give rise to the symptoms of Duchenne's subacute general paralysis; in others, one of the cranial nerves may be involved; and in one instance, paralysis of one of the abductors of the vocal cords necessitated tracheotomy. Lastly, disturbances of speech may occur in the course of the disease or during convalescence; and children are especially prone to aphasia. As to the pathogenesis, a toxic neuritis or lesion of one of the nerve-centers is generally responsible for the monoplegias. Not so, however, with the hemiplegias, which may be ascribed to thrombosis or embolism of the sylvian artery or else to hemorrhage. Paraplegia is, for the most part, due to polyneuritis or to a medullary lesion. The transitory aphasias of children—generally of toxic origin—are to be distinguished from those of adults, which are often associated with obliterating endarteritis of the Sylvian artery, embolism or thrombosis. The prognosis is good in most cases of typhoid paralysis. Intoxication being directly or indirectly responsible for such affections, elimination of the toxins should be promoted by free diuresis and other measures. Tonic treatment, massage, baths and electricity all contributes their quota toward the cure of typhoid paralysis.

FIELDING.

TWO CASES OF TRANSCORTICAL SENSORY APHASIA CAUSED BY A TUMOR OF THE LEFT TEMPORAL LOBE. J. Scholtens (Psychiatrische en Neurologische Bladen, 1903, March, April).

The mechanism of speech, as is well known, develops after individually different lines. It is probable that the usage or non-usage of associated fibres, which carry the psycho-physiological impulse, has an influence upon the resistance of these fibres against a lesion. So it is possible that with the same localization a tumor in different persons may cause different disturbances of speech. In the apperception of words in general in one person the visual, in some others the acoustical are predominant. The author adheres to the division in sub-cortical and trans-cortical aphasia, but points out, that it is a purely clinical and arbitrary denomination, which does not presume anything at all about an accurate localization. The first case, a patient of Prof. Winkler, is that of a gardener, 51 years old, suffering since a couple of months from symptoms, indicating a growing tumor, in the left hemisphere. Vision and audition are not disturbed. *He hears words; understanding of words* is correct; *comprehension of words* is disturbed. This becomes clear if patient answers a rather uncommon question. Asked to present his left hand, he looks at that hand, but does not lift it up. There is no echolalia; he recognizes a patriotic song; he does not recollect the words. He recognizes objects very well; the denomination is disturbed.

Patient *sees letters* and names them, also numbers; he reads *written phrases* correctly; it is doubtful whether he comprehends them. *Reading aloud* is correct; he cannot repeat it. He speaks very little spontaneously; he repeats spoken words well. *Spontaneous writing* is disturbed; also *writing on dictation.*

On account of this sensory aphasia and the other symptoms a tumor of the left temporal lobe was diagnosed. The left facial paralysis is explained by supposing a strong associative connection of the facialis center with the speech mechanism.

After incision of the dura a gliosarcomatous tumor is found and extirpated. Patient suffers no more of headache and feels well.

In a second case, also a patient of Prof. Winkler's, where a large tumor was found in the temporo-sphenoidal lobe, the following symptoms were present:

Patient *hears words* and understands them, but comprehension is often disturbed. He recognizes and sees objects; sees letters and denominates them; speaks little spontaneously; reads aloud correctly; writes well spontaneously; writes well on dictation. Also these symptoms the author explains by interference of the fibres which connect the acoustical image and the centre of comprehension. The speech disturbance can also in this case be denominated: transcortical sensory aphasia, inasmuch as the principal trouble was found in the comprehension of words, which were well heard and usually well understood.

Patient was operated upon and succumbed afterwards, the tumor being too large to be removed. Nearly the entire frontal half of the temporal lobe was involved in the tumor mass. MUSKENS (Hague).

A CONTRIBUTION TO THE STUDY OF TYPHOID MYELITIS. Lepine (Revue de Médecine, Nov. 10, 1903).

The author reports a case of myelitis occurring in typhoid fever and undoubtedly caused by the bacillus of Eberth. The patient, a janitor living in very bad hygienic conditions, was admitted to the service of Dr. Lepine with marked and typical symptoms of typhoid fever. There was hyperpyrexia and a sub-delirium which made his examination difficult. The Widal serum reaction was positive. At one time he developed symptoms of perityphlitis, marked tenderness in the right iliac fossa and rigidity of the right rectus muscle. Hemorrhages occurred frequently but were small in amount. On admission it was noted that there was weakness in both lower limbs, and voluntary movements, while possible, were incoördinate. Knee-jerks and Achilles jerks were exaggerated, and the Babinski reflex was present on both sides. Three days after admission paralysis was complete in both legs, flaccid in character, cutaneous sensation much diminished, knee and Achilles jerks lost. He developed incontinence of urine and feces. There was no pain. Nine days after admission he developed decubitus. The patient died after an illness of fourteen days, and an autopsy was held fifty-six hours later. The intestine showed lesions typical of typhoid fever, ulcerations extending even up to the duodenum. There were signs of peritoneal involvement in extensive adhesions and discoloration. The liver was deeply congested and the spleen enlarged and softened. The brain and spinal cord were carefully removed and examined, and a résumé of the results show: A lepto-meningitis of the spinal cord, and in scattered areas over the cortex cerebri; there was an anterior poliomyelitis in the lumbo-sacral region, with a central myelitis and some changes in the white matter, mostly in the anterior and lateral columns. A great increase in the quantity of cerebro-spinal fluid was noted and insignificant lesions were found in others parts of the nervous system. During life the diagnosis of myelitis was made, on account of the absence of pain, the general paralysis of the lower limbs, the sphincter trouble and trophic changes. The autopsy proved the correctness of this diagnosis, while the typhoid nature of the disease is shown by the clinical history, the serum test and the presence of intestinal lesions. Paralysis of both lower extremities in cases of typhoid fever has been reported by a large number of observers, and in some cases with autopsy a myelitis has been found. Lepine states that there certainly is such a condition as typhoid myelitis, and he believes it to be of vascular origin on account of the distribution of the lesion and the round celled infiltration surrounding the blood vessels.

C. D. CAMP.

INTRACRANIAL TUMORS. I. W. BLACKBURN (Journ. American Medical Association, Nov. 7, 1903).

Can the term meningeal endothelioma be applied to a certain class of brain tumors? The writer reports seventeen such growths showing the structure of spindle cell sarcomas, which he designates as endothelial.